



South Carolina Department of Insurance

1201 Main Street, Suite 1000
Columbia, South Carolina 2920
Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105

SERVICE CONTRACT PROVIDER REGISTRATION APPLICATION

LICENSE FEE: NONREFUNDABLE

\$200.00

RETURN APPLICATION TO:

S.C. DEPARTMENT OF INSURANCE, SPECIAL SERVICES DIVISION, PO BOX 100105, COLUMBIA, SC 29202-3105

COMPANY NAME: _____

CONTACT NAME: _____

BUSINESS ADDRESS: _____

TRADE NAME (IF DIFFERENT) _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

FEDERAL TAX ID# _____ PHONE# _____ FAX# _____

DATE OF INCORPORATION _____ STATE OF INCORPORATION _____

APPLICANT IS: ☐ INDIVIDUAL PROP. ☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY

I. ATTACH THE FOLLOWING APPLICABLE ITEMS. (MARK N/A IN THE SPACE PROVIDED IF NOT APPLICABLE)

_____ Copy of Certificate of Authority must be submitted with the registration application.
Application for a Certificate of Authority can be obtained from the State of South Carolina Office of Secretary of State by calling (803) 734-2158)

II. Forms:

_____ Provide two (2) copies of each service contract form used in operation.

III. Financial Security Requirement

If a funded reserve account or financial security deposit is being used to meet the financial security requirement, one of the following securities must be submitted with the registration application.

- ☐ Surety Bond
- ☐ Securities eligible for deposit,
- ☐ Deposit of cash or equivalents (Cashier check only)
- ☐ Irrevocable Letter of Credit

Indicate the method used to meet the financial security requirement under Section 38-78-30(D)

- ☐ Reimbursement Insurance Policy (provide a copy with application)
- ☐ Funded Reserve Account and Financial Security Deposit (complete reserve calculation below to determine deposit amount)
- ☐ \$100 Million net worth (**attach most recent Form 10-K or Form 20-F** or Parent's Audited Financial Statement)

Note: If Parent's Net Worth is being used, please provide a signed notarized statement that the parent shall agree to guarantee the obligations of the provider relating to service contracts sold by the provider in this State.

Reserve Calculation:

Total Consideration Received

Less: Claims Paid/Reimbursement \$ _____

= Net Consideration Received \$ _____

(x) 40% Funded Reserve Amount \$ _____

(5% x Net Consideration Rec'd) \$ _____ (Financial Security Deposit Amount)

ALL BOOKS, RECORDS, ACCOUNTS AND DOCUMENTS RELATING TO BUSINESS IN THIS STATE WILL BE KEPT:

Indicate the number of contracts sold in South Carolina within the past 12 months:

0-250 Contracts _____ 251-500 Contracts _____ Over 500 Contracts _____

Name of Administrators or other designee that will be marketing your contracts:

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

I certify that I have read and will abide by the service contract regulatory act required of Chapter 78 of Title 38 of the South Carolina Code of Laws and the South Carolina Department of Insurance rule promulgated hereunder. Upon request of the Department, I agree to make available all records required to be maintained under the act.

I further certify that the applicant has and will maintain the financial security requirements as described in Chapter 78, Title 38 of the South Carolina Code of Laws.

If this registration is issued, I agree to furnish the South Carolina Department of Insurance any change in information on this form and all attached documents within fifteen (15) days of the change. Registration is subject to revocation or administrative penalties if the Department is not notified, in writing, of any changes in the information provided on this application or if there is a law or rule violation.

With knowledge of the penalties for false statements as described under S.C. Code 38-78-100, I certify that all information submitted on this application and all attached documents are true and correct.

PRESIDENT OR INDIVIDUAL

PARTNER

(CORPORATE SEAL)

ATTES: _____
SECRETARY

SWORN AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____ 20____

MY COMMISSION EXPIRES

NOTARY PUBLIC

FORM #4001